

NOTICE OF INDEPENDENT REVIEW DECISION

June 13, 2002

Requestor

Respondent

RE: Injured Worker:

MDR Tracking #: M2-02-0622-01

IRO Certificate #: 4326

The ____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

____ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ____ physician reviewer who is board certified in neurosurgery which is the same specialty as the treating physician. The ____ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 56 year old male was injured at work on ____ when he slipped on the edge of a scale house at the city landfill. He sustained injury to the lower back and to his right rib cage. An MRI performed at that time, as well as plain x-rays of the lumbar spine, indicated minimal degrees of desiccation at the L2-3 levels and mild desiccation with moderate central bulging at the L5-S1 level. In addition to the bulging of disc material at L5-S1, the patient had a bilateral defect in the pars interarticularis (spondylolysis) and a forward slippage (spondylolisthesis) of L5 on L4. Shortly thereafter, he underwent a lumbar spinal surgical procedure with two separate goals. The first goal was to perform a laminectomy and posterior decompression of the cauda equina and the exiting nerve roots at L5-S1. The second objective to this surgery was to perform a bony union, or arthrodesis, from the sacrum through L5 and L4. This portion of the procedure was necessary because of mechanical instability at the involved level. A surgical procedure was technically performed in a proper manner and the solidity of the fusion has been documented with lumbar myelography 07/15/97, 09/24/99 and again on 03/27/01. In the last myelogram, specific stress films were taken demonstrating solidity of the fusion. In addition to the dynamic illustration of solid arthrodesis, the myelogram demonstrated only minimal postoperative changes. A post-myelogram CT scan was performed as well and

this demonstrated lack of focal herniation of disc material. The spondylolisthesis of L5 on S1 has not been completely reversed; however, it is fixed firmly in place by a solid arthrodesis. The patient still requires pain medication and the treating physician is recommending that the patient undergo a lumbar regional block.

Requested Service(s)

Lumbar regional block

Decision

It is determined that the lumbar regional block is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient has undergone a surgical procedure, which accomplished the two goals necessary to treat his condition. He had undergone a decompression of the nerve roots as well as an arthrodesis to fix the spondylolisthesis and spondylolysis present at the L5-S1 level. There is no medical rationale for performing a lumbar regional block in an area that has been proven, on multiple occasions to lack pain generators. Lumbar regional blocks are occasionally used in the acute post-injury situation to relieve muscle spasms immediately prior to rigorous mobility and physical range of motion exercises, but this patient is no longer in the acute post-injury stage. It would not be appropriate to perform a lumbar regional block on this patient.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas,

78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,

cc:

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this _____ day of _____ 2002.

Signature of IRO Employee:

Printed Name of IRO Employee: